

# CALIFORNIA'S HEALTH

Medical Library

SEP 22 '44

WILTON L. HALVERSON, M.D.  
DIRECTOR OF PUBLIC HEALTH

STATE DEPARTMENT OF PUBLIC HEALTH  
ESTABLISHED APRIL 15, 1870

PUBLISHED SEMI-MONTHLY

ENTERED AS SECOND-CLASS MATTER FEB. 21, 1922, AT THE POST OFFICE AT SACRAMENTO, CALIFORNIA, UNDER THE ACT OF AUG. 24, 1912. ACCEPTANCE FOR MAILING AT THE SPECIAL RATE OF POSTAGE PROVIDED FOR IN SECTION 1103, ACT OF OCT. 3, 1917

SACRAMENTO (14), 631 J STREET, 2-4711

SAN FRANCISCO (2), 666 PHELAN BLDG., 740 MARKET ST., UN 8700

LOS ANGELES (12), STATE OFFICE BLDG., 217 W. FIRST ST., MA 1271

VOLUME 2, NUMBER 4

AUGUST 31, 1944

GUY P. JONES  
Editor

## CALIFORNIA BIRTH REGISTRATION 98 PER CENT COMPLETE

In connection with the 1940 population census, the United States Bureau of the Census made a check of birth registration. For the first time the strength and weakness in the local registration systems for all areas in the United States was revealed. In extensive areas, particularly in the southern part of the Country, a relatively large percentage of births is not registered. Even in States where the overall record indicates that registration completeness is reasonably satisfactory, there may be small deficient areas.

In California, registration is 98 per cent complete. Difficulty has been encountered in securing complete registration in those counties having large Mexican and Indian populations and where a large proportion of the people reside in the extremely remote mountainous sections of the State. Deficiencies have been revealed in some of the agricultural counties of the State for which no explanation is available at the present time. Assistance is being given to all counties where there is any deficiency. There are only eight counties of the State involved and it is believed that through intensive activities the percentage of certificates that may be filed will be increased materially.

It is interesting to note that only seven States out of the 48 have better birth registration records than California. They are: Connecticut, 99.4; Minnesota, 99.3; New Jersey, 99.0; Massachusetts, 98.9; New York, 98.9; Rhode Island, 98.8; New Hampshire, 98.7; California 98.0.

The United States Bureau of the Census reports: "No one person or group of persons is solely responsible for registration success or failure. Local registrars, doctors, midwives, undertakers (in the case of death registration), parents, and the State office of vital statistics must all assume some responsibility.

The local registrar, however, is the keystone of the system. He is the one person primarily responsible not only for completeness, but for accuracy of registration. He must educate parents to the necessity of registration. He must work with the doctors, midwives, and undertakers to insure that every event is properly and accurately recorded. He must transmit promptly every certificate to the State office where the records are filed centrally.

"Registration is generally poorest in rural areas, and among the nonwhite populations in both rural and urban areas. This situation can and should be corrected. Many rural areas showed 100 per cent completeness in the test. In some areas the nonwhite population had better registration than the white population. To obtain complete registration in what may be termed 'problem areas,' however, it is necessary for the local registrar to be even more conscientious and more active than his fellow worker who is serving in a community with a long history of good registration. The registrar in rural areas, for example, must devote more energy to educating his neighbors regarding the necessity of registration. He must work more closely with the doctor who does not have office help, and who has less than the usual time to give his office because of visits to homes often far from town. He must remember his responsibilities to the State health office and transmit the certificates promptly and regularly even though he may not have direct contact with the State office.

"The failure to record even one birth is a disservice to some child who may have a very real need for his certificate later. The failure to register even a few births handicaps the entire community which is dependent upon accurate information for planning health programs and other community services."

# **VENEREAL DISEASE QUARANTINE UPHOLD**

Attorney General Robert W. Kenny, Carl W. Wynkoop, Deputy, has issued an opinion relative to the right of health officers to quarantine individuals infected with a venereal disease in county or city jails. This opinion, which is of interest and vital importance to health officers, is printed herewith:

"Wilton L. Halverson, M.D.  
Director of Public Health  
Phelan Building  
San Francisco, California

"Dear Sir:

"In your letter of March 30th you ask for our opinion on the following matters:

'County health officers have asked if they have the power to quarantine individuals infected with a venereal disease, in county or city jails.

'Are there any provisions in the laws of the State of California which prohibit a health officer from quarantining in county or city jails, individuals having or reasonably suspected of having a venereal disease when no other place has been provided in the jurisdiction for that purpose?'

"Section 2554 of the Health and Safety Code provides that each health officer knowing or having reason to believe that a contagious or infectious disease exists or has recently existed within the territory under his jurisdiction, *shall* take necessary measures to prevent the spread of such diseases.

"Section 2555 provides as follows:

'Every health officer shall enforce all orders, rules, and regulations concerning quarantine prescribed or directed by the State department.'

"Section 2556 provides as follows:

'Each health officer, whenever required by the State department, shall establish and maintain places of quarantine or isolation that shall be subject to the special directions of the State department.'

"Section 16 of the Health and Safety Code provides that wherever the word 'shall' is used in the Act it is mandatory. It is therefore to be noted that the above provisions impose a mandatory duty upon the health officer. Section 35a of the regulations promulgated for the control of communicable diseases adopted April 3, 1943 by the California Board of Public Health provides as follows:

'If the local health officer, upon making the investigation prescribed in sections 30, 31, and 32, is satisfied that the case is one of the diseases requiring isolation of the case, and quarantine of the premises, he shall; define the area within which the patient is to be isolated, define the quarantined area; and affix the specified placard in a conspicuous place at the principal entrance to the premises.'

"Section 111 of such regulations provides that persons now under treatment or who hereinafter shall present himself or herself to any physician or person for treatment or diagnosis of any venereal disease shall be considered to be in quarantine.

"Section 2522 of the Health and Safety Code provides that the health officers acting pursuant to the regulations of the State Department of Health may quarantine, isolate, inspect and disinfect persons wherever in his judgment such action is necessary to preserve and protect the public health.

"The above sections clearly indicate that the power and authority granted to health officers is for the purpose of preventing and suppressing communicable and contagious diseases to protect those persons infected and to protect the general public from such communicable and contagious diseases.

"The legislature, through the Health and Safety Code, has made no provision as to the place or where the quarantine may be established but confers the authority and power upon health officers in the exercise of their discretion to establish such quarantine, taking into consideration the conditions and circumstances requiring such quarantine.

"In *In re Arata*, 52-C. A. 380 at 383, the Court said:

'That the health authorities possess the power to place under quarantine restrictions persons whom they have reasonable cause to believe are afflicted with infectious or contagious diseases coming within the definition set forth in Political Code, section 2979a, as a general right, may not be questioned.'

See, also:

"*Application of Travers*, 48 C. A. 764

"Health officers and authorities are therefore empowered and authorized to quarantine, isolate and segregate persons infected with communicable or contagious diseases when in their judgment such measures are necessary to protect the public health. The place of quarantine is to be determined by the health officer considering the facts and circumstances of each case.

"In *Rock v. Garney* (Mich.) 185 N. W. 798 at 803, the Court said:

'I think the question of whether the person shall be detained in a detention hospital or in their own homes must be left to the honest judgment of the duly constituted authorities. The purpose of the quarantine is isolation, prevention of infection. If this can, in the honest judgment of the health officer, be better secured by detention in a hospital, and the health officer so decides, it is not for the courts to override such decisions and substitute their judgment for that of those skilled in the healing art and entrusted by the law with the determination of the question.'

"While jails, as public institutions, were established for purposes other than confinement of diseased persons, occasions of emergency or lack of other public facilities for quarantine require that jails be used as places of quarantine.

"In the case of *Varholy v. Sweat*, 15 So. (2d) 267, the petitioner filed a writ of habeas corpus upon the ground that she was not confined to the county jail by reason of criminal charge but by reason of a commitment and order of quarantine by the health officer. From the testimony taken upon hearing her petition, the health officer stated that the State Board of Health had no facilities for isolating and treating cases of that kind in the homes of individuals thus infected. It thus be-

came necessary to hold and quarantine the petitioner in the county jail.

"In *Ex parte McGee*, 185 Pac. 14, provisions were made for the isolation of men in one of the penitentiary buildings at Leavenworth, Kansas. A portion of such penitentiary was set apart as a quarantine ward or camp. Petitioner's writ of habeas corpus was filed to prevent their detention in such camp. It was contended by the applicant that they had been confined in the penitentiary, a penal institution. However, the Court stated:

'While it is true that physical facilities constituting part of the penitentiary equipment are utilized, interned persons are in no sense confined in the penitentiary and are not subject to the peculiar circumstances which attend such confinement.'

"In the case of *City of Little Rock v. Smith*, 163 S. W. (2d) 705, the petitioner for a writ of habeas corpus was quarantined in the city prison. The city ordinance provided that the health officer should confine such person to a place adequate for the protection of the patient and the public health. The Court stated as follows:

'It is urged that the regulations in question are unreasonable, in that they authorize isolation in remote places beyond the limits of the city in which the petitioners reside. The court knows of no law, or rule of public policy or private right, which requires a person who, for the protection of the public, must be isolated and treated for loathsome communicable disease, to be interned in the locality in which he may reside. It would have been competent for the state board of health to designate a single hospital for the detention of all persons in the State found to be so diseased, and it is entirely reasonable for cities having inadequate facilities, or having no facilities of their own, to take advantage of those provided by state authority. In this instance the city health officer's power to isolate is restrained by ordinance which requires the city commission to approve detention hospitals other than those provided by the city.'

"In *City of Manhattan et al v. Hessin*, 105 Pac. 44 at 46, the Court, having before it a question as to the place of detention during an emergency, stated as follows:

'The building selected belonged to the public and was the best that could be obtained in the city \* \* \* The park is public property, given by a dedication which does not limit its use. It might be used for any public purpose. A pesthouse is a public purpose for which it might be used temporarily in an emergency such as existed here.'

"The legislature, recognizing the danger to the safety and welfare of the people in permitting persons afflicted or suspected of being afflicted with communicable diseases to run at large and expose the public to such communicable diseases, has by statute imposed upon each health officer of this State the mandatory duty of the quarantining of those persons afflicted or reasonably suspected of being afflicted with a communicable disease.

"It is therefore my opinion that city and county jails may be used for places of quarantine where no other public institutions are available for quarantine or where

an emergency has arisen requiring the use of such jails or where the afflicted person is under confinement in the city or county jail and his quarantine in such city or county jail will not be detrimental to other prisoners.

Very truly yours,

(s) Robert W. Kenny  
Attorney General

(s) Carl W. Wynkoop  
Deputy

August 28, 1944

NS 5397"

### POPULAR HEALTH BROADCAST ON KFRE

Through the assistance of radio stations KFI in Los Angeles and KFRE in Fresno and the American Federation of Radio Artists, it has been possible to schedule the UNSEEN ENEMY broadcasts on venereal diseases over station KFRE on Monday nights at 9.45 p.m. starting August 28th.

In a special audience survey of Saturday evening radio programs in Los Angeles made by a National firm at the request of KFI, it was recently found that the UNSEEN ENEMY had a listening audience of approximately 97,000 persons and ranks with the most popular broadcasts. The U. S. Public Health Service, which last Spring had three of the series reenacted and recorded for distribution to State and local health departments throughout the nation, is now making another set of three recordings in Hollywood. The program has been broadcast over KFI continuously at 10.15 p.m. on Saturday nights for a year.

### BENZOL EXPOSURE PROVES HAZARDOUS

Many industrial operations are encountered by the department in which serious benzol hazards exist. In a large plant manufacturing biological products a dangerous exposure of this sort was encountered recently. Following the evacuation and stoppering of bottles containing a finished product the necks of the containers were dipped into a sealing compound which contained a large percentage of benzol as a solvent. Although the operation was conducted in a large room, apparently adequately ventilated, tests showed that the concentration of benzol vapors in the breathing zone of the workers was exceptionally high. Recommendations were made for the control of the hazard by enclosing the operation in a mechanically exhausted booth where the workers stand outside, performing necessary operations by inserting their arms through the open face of the booth. Suggestions were also made for the use of gloves and protective skin creams to prevent benzol dermatitis.



### A GUIDE FOR THE COLLECTION AND MAILING OF SPECIMENS TO THE VIRUS DIAGNOSTIC UNIT, STATE DIVISION OF LABORATORIES

In the past, collection of specimens from patients having virus infections has been done for research purposes only. Recent developments, however, have made it possible to establish a routine service for a limited number of virus diseases. These services have been available to the medical profession of the State for the past year. During this time it has been found that certain requirements must be met in order to make the service of maximum value to the physician.

The tests employed depend, for the most part, upon the demonstration of antibodies in the blood serum of the patient. It is now known that in certain virus diseases antibodies are produced which persist in the serum of the patient for years. Consequently, when a disease is suspected it becomes necessary, not only to demonstrate the presence of antibodies in the patient's serum, but to demonstrate that those antibodies were not present prior to the current infection. Thus it is necessary to collect two blood specimens at the proper

intervals, one before the patient has had time to form antibodies to the infection and one after antibodies have been produced.

During the past year the laboratory was unable to give definite assistance in many cases because only one blood specimen was collected or because the first one was taken too long after the onset of the disease. The significance of this is indicated by the fact that laboratory reports were of conclusive value in only 12 out of 88 positive specimens submitted for encephalitis diagnostic tests.

The following guide is presented to assist in the proper collection and mailing of specimens from suspected cases of virus or rickettsial infections.

At the present time routine diagnostic service for a limited number of diseases is offered as noted in the guide. *The type of examination preferred for each disease is listed first.*

Disease	Type of examination	Specimen	How to collect specimen	Results reported and their interpretation
Equine encephalomyelitis and St. Louis encephalitis	Neutralization in mice	Blood— Two specimens (one within a week after onset and one about two weeks later).	Collect 10 c.c. aseptically in sterile rubber stoppered container. Ship by regular mail.	First specimen negative or weakly positive and second specimen positive—indicates present disease is due to the virus neutralized. Both specimens positive—may indicate past infection if the first was not taken within a week after onset. If not, results are of questionable value. Both specimens negative—illness probably not due to test viruses. Neutralizing antibodies to these viruses generally appear at the end of the first week and are present in demonstrable titers in 2-4 weeks. As they persist for years, a single specimen if positive is of little value. Also a negative report on an acute phase blood alone yields no useful information. It is highly important to collect two blood specimens at the proper time if laboratory reports are to be of maximum value.
Equine encephalomyelitis and St. Louis encephalitis	Isolation of virus	Brain tissue (collect generous blocks of each part).	Collect aseptically in sterile rubber stoppered or air-tight container and without preservative. Ship packed in dry ice. (Important to freeze specimen in dry ice immediately after collection. Must not thaw before reaching the laboratory.)	Positive—virus isolated and identified. Negative—no virus isolated or detected by available laboratory methods. A negative report does not exclude the disease suspected as under optimum conditions the virus is not consistently isolated.
Rocky Mountain Spotted Fever or Typhus	Agglutination or complement fixation	Blood (first specimen as soon as possible after onset. Second about two weeks after onset).	Collect as for neutralization test for equine encephalomyelitis.	Positive—(Titer reported as found) rise in titer or a titer of 1-80 or above to OX19 or OX2 or both, or positive complement fixation with specific antigen. If titer is below 1-80 it should be regarded as suspicious. A second specimen should be submitted. Titers of 1-40 or below are reported as negative. Antibodies for complement fixation and agglutinins for <i>B. proteus</i> culture do not appear until the eighth or ninth day.

Disease	Type of examination	Specimen	How to collect specimen	Results reported and their interpretation
	Isolation of rickettsiae	Blood—(animal inoculation at bedside).	Inoculate two guinea pigs intraperitoneally each with 4-6 c.c. of the patient's blood. Express to the Division of Laboratories Virus Unit. Collect as soon as possible following onset and not later than ten days.	Positive—rickettsiae isolated and identified. For best results the animals should be inoculated as soon as possible after onset.  Negative—no rickettsiae isolated or demonstrated by cross-immunity tests.
Atypical pneumonia	Isolation of virus	Throat washings	Collect in sterile rubber stoppered or air-tight container and without preservative. Ship packed in dry ice as above. (See isolation of virus for equine encephalomyelitis.) Send duplicate autopsy specimens in formaldehyde for pathological study by regular mail.	Positive—virus isolated and identified.  Negative—no virus isolated or demonstrated by available methods. (As the identification of a virus may take considerable time, a preliminary report will be made.)
	Complement fixation	Blood—(see equine encephalomyelitis above).	Same as for neutralization test for equine encephalomyelitis.	Positive—dependent on demonstration of rise in titer between first and second specimen.  Negative—failed to demonstrate a rise of complement fixing antibodies. The complement fixation test crosses with lymphogranuloma venereum, psittacosis, and other psittacosis-like viruses and does not of itself differentiate one type of infection from the other. An increase in antibodies for complement fixation may confirm the clinical observations.
Lymphocytic choriomeningitis	Neutralization or complement fixation tests	Two blood specimens as for equine encephalomyelitis	Collect 10 c.c. as for neutralization test for equine encephalomyelitis (see above).	Same as for neutralization of equine encephalomyelitis. (See above.)
	Isolation of virus	Blood, spinal fluid or brain tissue	Collect 10 c.c. blood or spinal fluid and ship packed in dry ice as for brain tissue. Collect brain tissue as for virus isolation for equine encephalomyelitis. (See above for virus isolation.)	Positive—virus isolated and identified.  Negative—no virus isolated or detected by available methods. As the virus is not consistently isolated even under optimum conditions, a negative report does not exclude the disease suspected.  (Progress reports will be mailed before final identification of a virus is made.)
Lymphogranuloma venereum	Complement fixation	Blood. (Two specimens as for neutralization test for lymphocytic choriomeningitis preferable.)	Collect 10 c.c. aseptically in sterile rubber stoppered container. Ship by regular mail.	Positive—doubtful—negative.  The demonstration of rise in complement fixation titer in a second specimen over the first is of special significance in establishing a diagnosis as a single positive may indicate either current or past infection.

## GENERAL INSTRUCTIONS

It is worthy of reemphasis that positive serologic tests for most viruses persist for years to lifetime. This indicates the importance of securing acute and convalescent blood specimens in order to demonstrate a rise in antibodies if a definite laboratory diagnosis is to be made.

The following instructions apply to all diseases discussed in the foregoing guide:

Date \_\_\_\_\_  
 Patient's name \_\_\_\_\_ Address \_\_\_\_\_  
 Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of onset \_\_\_\_\_

Disease suspected \_\_\_\_\_  
 Date specimen taken \_\_\_\_\_  
 Kind of specimen \_\_\_\_\_  
 Indicate whether first or second specimen \_\_\_\_\_  
 Physician \_\_\_\_\_  
 Address \_\_\_\_\_

A laboratory slip for the recording of the above information is included in mailing containers issued by the Division of Laboratories and should be filled out for each patient. If other containers are used, the above information should be sent with the specimen.

All health officers, physicians, and hospitals desiring assistance or confirmation in the diagnosis of these

diseases may send specimens to and obtain containers from the following address:

State Department of Public Health  
Division of Laboratories  
3093 Life Sciences Building  
Berkeley 4, California

### AVAILABLE MOTION PICTURES AND SLIDES ON PUBLIC HEALTH

The Bureau of Health Education of the California State Department of Public Health has compiled a list of motion pictures and slides upon public health subjects that are available for distribution in California. This list is printed herewith for the benefit of health officers, public health nurses and other officials who may desire to obtain this material for use in their activities along health educational lines. Titles of films printed in italics are new and were not included in the list of films published in *CALIFORNIA'S HEALTH* last October. The new titles are believed to be of particular interest to school administrators.

#### FOREWORD

Included in this list are films available from the California State Department of Public Health, the California Heart Association, the California Tuberculosis Association and the Metropolitan Life Insurance Company. Following are the abbreviations used in this bibliography and the addresses of the distributors:

<i>Abbreviation</i>	<i>Distributor</i>
CHA	California Heart Association 45 Second Street San Francisco (5)
CTB	California Tuberculosis Association 45 Second Street San Francisco (5)
ML	Metropolitan Life Insurance Company 600 Stockton Street San Francisco (8)
PH-HE	Bureau of Health Education California State Department of Public Health 521 Phelan Building 750 Market Street San Francisco (2)
PH-SE	Bureau of Sanitary Engineering California State Department of Public Health 15 Shattuck Square Berkeley (4), California
PH-VD-LA	Bureau of Venereal Diseases California State Department of Public Health 703 State Building 217 West First Street Los Angeles (12)
WFA	War Food Administration 821 Market Street San Francisco (3)

The principal other source of educational films on public health and allied subjects is the University of California Extension Service, Department of Visual

Instruction, located in Berkeley at 301 California Hall and in Los Angeles at 813 South Hill Street. Films on public health services in England, particularly in relation to the war, are available from the British Information Services, 260 California Street, San Francisco (11). Both the University and British Information Services issue a film catalogue. Other sources are local health departments and tuberculosis associations. Information on films distributed by agencies outside of California may be obtained from The American Film Center, Inc., 45 Rockefeller Plaza, New York (20), N. Y.

#### 16 MILLIMETER SOUND FILMS

##### *Cancer*

**CHOOSE TO LIVE.** Time, 30 minutes. Distributor, PH-HE. The hopeful story of a woman's victory over cancer.

##### *Child Health*

**CLOCKING A CHAMPION.** Color. Time, 10 minutes. Distributor PH-HE. A day in the life of a normal, healthy infant on by-the-clock routine in an average household. Approved methods of feeding and bathing demonstrated.

##### *Dental Health*

**OUR TEETH.** Time, 15 minutes. Distributor, PH-HE. The growth, structure and functions of four tooth types explained by animated diagrams.

**THE STUDENT FLYER.** Time, 20 minutes. Distributor, PH-HE. Depicts story of high school student "washed out" in flight training because of visual acuity below par due to dental abscess. Stresses necessity of early and regular attention by dentist, balanced diet, proper hygiene.

##### *First Aid*

**HELP WANTED.** Time, 30 minutes. Distributor, PH-HE. A demonstration of first aid methods.

##### *Heart Disease*

**HEART DISEASE.** Distributor, CHA. A discussion of the incidence of heart disease, methods of diagnosis and the relation of rheumatic fever to heart disease. March of Time series.

##### *Immunization*

**DEFEAT DIPHTHERIA.** Time, 11 minutes. Distributor, PH-HE. A plea for immunization. The pathology and symptoms of the disease are shown. The Schick test and the use of toxoid are explained. Although dealing with conditions in England, this film is suitable for professional and lay groups in the United States.

##### *Industrial Health*

**DANGER—WOMEN AT WORK.** Time, 10 minutes. Distributor, PH-HE. A safety-health film especially for women war workers in industry. Proper clothing, diet, health habits and use of safety equipment demonstrated.

**SAVE A DAY.** Time, 15 minutes. Distributor, PH-HE. A presentation of general industrial health problems showing the work of a State bureau and the U. S. Public Health Service.

##### *Malaria*

**WINGED SCOURGE.** Time, 15 minutes. Color. Distributor, PH-HE. A Walt Disney film in color on the cause and prevention of malaria.

##### *Nutrition*

**PUN IN FOOD.** Technicolor. Time, 15 minutes. Distributor, PH-HE. Food constituents, how they fulfill the requirements of the body and the foods that supply them.

**HIDDEN HUNGER.** Time, 30 minutes. Distributor, WEA. This humorous fantasy tells in a common sense way what to eat and why.

**MODEST MIRACLE.** Time, 30 minutes. Distributor, WFA. A dramatic story of the discovery of Vitamin B<sub>1</sub>, its importance in diet, and its use in enriched flour.

**PROOF OF THE PUDDING.** Technicolor. Distributor, ML. Food requirements for health procured through economical marketing and wise meal planning.

**THIS, TOO, IS SABOTAGE.** Time, 25 minutes. Distributor, PH-HE. Emphasizes the importance of good nutrition to the health and productivity of industrial workers. The "Basic 7" food chart's recommendations are explained with concrete suggestions.

**WARTIME NUTRITION.** Time, 15 minutes. Distributors, PH-HE and WFA. The maintenance of a well-balanced diet despite war scarcities with emphasis on the nutrition of war workers.

#### Pneumonia

**A NEW DAY.** Distributor, ML. Symptoms of pneumonia and modern treatment.

#### Posture

**ON YOUR FEET.** Time, 15 minutes. Distributor, PH-HE. The proper selection of shoes, habits of healthful walking and posture.

#### Public Health

**MAN AGAINST MICROBE.** Distributor, ML. Three hundred years of progress in public health and medicine.

**YOUR HEALTH DEPARTMENT.** Time, 30 minutes. Distributor, PH-HE. The services of a local public health department.

**YOUR PUBLIC HEALTH NURSE.** Time, 12 minutes. Distributor, PH-HE. The work of the public health nurse and her importance in the public health program.

#### Safety

**ONCE UPON A TIME.** Technicolor. Distributor, ML. Street safety told by fairy tale and Mother Goose characters.

#### Sanitation

**HEALTH AND THE CYCLE OF WATER.** Time, 25 minutes. Distributor, PH-SE. The problems of stream pollution, sewage treatment and water purification.

**KEEP 'EM OUT.** Time, 10 minutes. Distributor, PH-HE. How rats spoil food, destroy buildings, spread disease. How rats can be controlled by poison, trapping and construction of rodent-proof buildings.

**'TWIXT THE CUP AND THE LIP.** Time, 20 minutes. Distributor, PH-HE. Good restaurant sanitation demonstrated. The spread of disease through poor sanitation.

**THE HOUSE FLY.** Time, 12 minutes. Distributor, PH-HE. The life history and habits of the house fly, its part in the spread of disease and necessity for good sanitation.

#### School Health

**SCHOOL DAYS IN THE COUNTRY.** Time, 30 minutes. Distributor, PH-HE. Rural school sanitation and health services.

#### Sex Education

**IN THE BEGINNING.** Time, 15 minutes. Distributor, PH-HE and PH-VD-LA. Reproduction explained through use of photomicrography and diagram. Particularly suited to high school teaching.

#### Tuberculosis

**ANOTHER TO CONQUER.** Time, 20 minutes. Distributor, CTB. Tuberculosis among the Navajo Indians.

**ARTIFICIAL PNEUMOTHORAX.** Time, 30 minutes. Distributor, CTB. A demonstration of artificial pneumothorax in all its phases. Suitable for physicians and other professional groups.

**BEHIND THE SHADOWS.** Time, 11 minutes. Distributor, CTB. A high school boy is found to have tuberculosis through a high school tuberculin testing survey.

**CASE HISTORY OF LUCY X.** Technicolor. Distributor, CTB. The story of "Lucy" from diagnosis through treatment to normal living. Recommended for high school and college classes.

**CLOUD IN THE SKY.** Time, 20 minutes. Distributor, CTB. Tuberculosis in a Spanish family. Available in both Spanish and English.

**DIAGNOSTIC PROCEDURES IN TUBERCULOSIS.** Time, 15 minutes. Distributor, CTB. A demonstration of the technique and medical procedure in the diagnosis of tuberculosis. Suitable for physicians and other professional groups.

**GOODBY, MR. GERM.** Time, 14 minutes. Distributor, CTB. An animated cartoon of the adventures of "Tee Bee" from the time of his entry into little Edgar's lungs to his capture. Particularly suited for children.

**LET MY PEOPLE LIVE.** Time, 15 minutes. Distributor, CTB. The story of tuberculosis in a negro family starring Rex Ingram and with spirituals sung by the Tuskegee Institute Choir.

**MASS RADIOGRAPHY.** Time, 12 minutes. Distributor, CTB. Organization and procedures of an X-ray survey in a British industrial plant.

**MIDDLETOWN GOES TO WAR.** Time, 20 minutes. Distributor, CTB. The effect of war conditions upon disease, particularly tuberculosis, emphasizing housing, sanitation and hospital care.

**ON THE FIRING LINE.** Time, 20 minutes. Distributor, CTB. A travel-tour showing the control of tuberculosis throughout the United States.

**SAND IN THE GEARS.** Time, 15 minutes. Distributor, CTB. Protection from tuberculosis in the U. S. Army and Navy and among industrial workers.

**THE ROLE OF THE PUBLIC HEALTH NURSE.** Time, 15 minutes. Distributor CTB. Explains services of the public health nurse in the home care of the tuberculosis patient.

**THE STORY OF MY LIFE BY TEE BEE.** Time, 5 minutes. Distributor CTB. An animated cartoon of the life of a tuberculosis germ in the lung of a child.

**THEY DO COME BACK.** Time, 17 minutes. Distributor, CTB. The rehabilitation of the tuberculous and the cause, diagnosis and treatment of tuberculosis.

#### Venereal Diseases

**FIGHT SYPHILIS.** Time, 10 minutes. Distributors, PH-HE and PH-VD-LA. The nature of syphilis emphasizing war problems in the transmission, diagnosis and importance of adequate medical treatment. Suitable for showing to mixed groups.

**HEALTH IS A VICTORY.** Time, 15 minutes. Distributors, PH-HE and PH-VD-LA. The cause, spread, cure and control of gonorrhea.

**HEALTH TACTICS.** Time, 12 minutes. Distributors, PH-HE and PH-VD-LA. A diagrammatic presentation of male prophylaxis.

**IN DEFENSE OF THE NATION.** Time, 15 minutes. Distributors CTB, and PH-HE. The problem of prostitution in the war emergency.

**KNOW FOR SURE.** Time, 20 minutes. Distributors, PH-HE and PH-VD-LA. A Hollywood made film of the cause, spread, prevention and cure of syphilis with a sequence on prophylaxis. Primarily for male audiences.

**KNOW FOR SURE (Revised Version)** Time, 15 minutes. Distributors, PH-HE and PH-VD-LA. The same as KNOW FOR SURE with the sequence on prophylaxis deleted. Suitable for showings before mixed groups, either adult or youth.

**LET'S OPEN OUR EYES.** Time, 15 minutes. Distributor, PH-VD-LA. Cause, spread and cure of syphilis.

**PLAIN FACTS.** Time, 15 minutes. Distributors, PH-HE and PH-VD-LA. A discussion of syphilis and gonorrhea.

**SUBJECT FOR DISCUSSION.** Time, 15 minutes. Distributor, PH-HE. A British made film lent the Department by the British Information Services dealing with the importance of venereal disease education in wartime.



**SYPHILIS.** Technicolor. Time, 50 minutes. Distributor, PH-HE. Diagnosis, treatment and management of syphilis. Suitable for physicians and other professional groups.

**THREE COUNTIES AGAINST SYPHILIS.** Time, 30 minutes. Distributors, PH-HE and PH-VD-LA. The U. S. Public Health Service control program in Georgia.

**TO THE PEOPLE OF THE UNITED STATES.** Time, 22 minutes. Distributors, PH-HE and PH-VD-LA. An explanation of the necessity for venereal disease control, particularly in wartime. Produced by Walter Wanger, starring Jean Hersholt. Suitable for all types of audience.

**WITH THESE WEAPONS.** Time, 15 minutes. Distributors, CTB, PH-HE and PH-VD-LA. The cause, spread, cure and control of syphilis. Available in Spanish as well as in English.

### 35 MILLIMETER SOUND FILMS

NOTE.—The following films are available from the distributors listed under the same titles as 16 millimeter:

A New Day	On the Firing Line
Another to Conquer	Once Upon a Time
Behind the Shadows	Proof of the Pudding
Cloud in the Sky	Sand in the Gears
Let My People Live	To the People of the United States
Man Against Microbe	They Do Come Back
Middletown Goes to War	With These Weapons

### 16 MILLIMETER SILENT FILMS

#### Child Health

**FOR HEALTH AND HAPPINESS.** Color. Time, 12 minutes. Distributor, PH-HE. Importance of good health habits in children from infancy to college age. Includes sequence on healthful foods.

**THE ROAD TO HEALTH AND HAPPINESS.** Time, 15 minutes. Distributor, PH-HE. Dental health, nutrition and emotional health of children.

#### Dental Health

**ASK YOUR DENTIST.** Distributor, PH-HE.

**LET'S TALK ABOUT TEETH.** Color film. Time, 17 minutes. Distributor, PH-HE. Development of good habits of oral hygiene. Effect of nutrition upon dental health. Suitable for elementary grades and junior high school.

**TEETH—HOW TEETH GROW.** Distributor, PH-HE. Time, 12 minutes. Eruption of temporary and permanent teeth and prevention of decay.

**TOLD BY A TOOTH.** Time, 15 minutes. Distributor, PH-HE.

#### Infant Care

**AROUND THE CLOCK WITH BABY AND YOU.** Time, 45 minutes. Distributor, PH-HE. A day in the life of a baby showing the daily routine for mother and infant.

**FROM MORNING UNTIL NIGHT.** Time, 30 minutes. Distributor, PH-HE. A day in the life of a baby showing desirable habit formation, feeding and physical care.

#### Nutrition

**FOOD AND GROWTH.** Time, 15 minutes. Distributor, PH-HE. A classroom feeding experiment with white rats demonstrating the food value of milk as compared with coffee and candy.

#### Posture

**EDUCATED FEET.** Time, 15 minutes. Distributor, PH-HE. Proper habits in sitting, standing, walking and playing. For elementary school children and of interest to adults.

**POSTURE.** Time, 15 minutes. Distributor, PH-HE. The part of the muscles in determining posture, the correction of poor posture and the importance to health of good posture.

**THE FEET.** Time, 15 minutes. Distributor, PH-HE. The structure and arrangement of the arches, the mechanical use of the foot and the importance of properly fitted shoes.

#### Prenatal Care

**PRENATAL CARE.** Time, 15 minutes. Distributor, PH-HE. Type and importance of adequate prenatal care.

#### Sanitation

**EATING OUT.** Time, 10 minutes. Distributor, PH-HE. Demonstrates both correct and incorrect methods of food handling and restaurant sanitation.

#### Tuberculosis

**BEHIND THE SHADOWS.** Time, 11 minutes. Distributor, CTB. A high school boy is found to have tuberculosis through a high school tuberculin testing survey.

**CASE FINDING IN HUMBOLDT COUNTY.** Time, 12 minutes. Distributor, CTB. Actual scenes of a complete high school tuberculosis case-finding program.

**THE STORY OF MY LIFE BY TEE BEE.** Time, 12 minutes. Distributor, CTB. An animated cartoon of the life of a tuberculosis germ in the lung of a child.

### SLIDES

(2 x 2" Kodachrome Transparencies)

Descriptive keys supplied with each series

#### Communicable Diseases

**CARE OF COMMUNICABLE DISEASE PATIENT.** Fifty-eight slides. Distributor, PH-HE. Useful in training courses for nurses and nurses' aides. Demonstrates preparation for bath and a.m. care; disposal of food and care of dishes; disinfection procedures.

**COMMUNICABLE DISEASE GOWN TECHNIC.** Forty-five slides. Distributor, PH-HE. Also useful in training courses. Gown and scrub technic and removal of gown are shown in detailed stages.

#### Tropical Medicine

**TROPICAL DISEASES.** Seventy-five slides. Distributor, PH-HE. For professional use. Technical aspects of tropical diseases. Photomicrography used extensively in this series.

#### Venereal Diseases

**HOT SPRINGS CLINICAL SERIES.** One hundred slides. Distributor, PH-VD-LA and PH-HE. A set of excellent clinical slides made at the Hot Springs Clinic. Suitable to illustrate lectures to medical societies, clinic staffs and medical schools.

### 35 MILLIMETER SLIDE FILMS

(With sound by use of record to be used with film strip)

**TO LIVE LONGER.** Time, 12 minutes. Distributor, PH-HE. Shows the importance of public health work and services available through the cooperation of Federal, State and local health departments.





